



The Healthy Male

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Newsletter of Andrology Australia – Australian Centre of Excellence in Male Reproductive Health

One year on: developments in the National Men's Health Policy

It has now been one year since The Minister of Health and Ageing, the Hon Nicola Roxon MP announced the commitment by the Labor Government to develop a National Men's Health Policy. So, what have the developments been since that notable day in June 2008?

The intent of the Government is to ensure that the policy is informed by extensive consultation from consumers, service providers, State and Territory Governments and the broader community. This is being achieved by collecting feedback ranging from formal submissions to community consultations in all states and territories. The community consultations not only enable the views and opinions of the wider community to be incorporated into the policy, but also help to raise the awareness of men's health issues more broadly. It is expected that the policy will be completed by the end of 2009.

A Senate Select Committee on Men's Health has also been held in parallel to the policy process. Chaired by Senator Cory Bernardi (LP, SA), the Committee sought to better understand the availability, effectiveness and level of Government funding for men's health services.

A total of 13 recommendations were made in the Committee's final report; informed by more than 130 submissions and five public hearings (available online at: www.aph.gov.au/Senate/committee/menshealth_ctte/report/index.htm).

While the Committee's brief was different to the Government's objective in developing the policy, the report notes that "the issues raised... will make an important and constructive contribution both to the debate on men's health and to the final content of the policy".

While inevitably the specifics of the recommendations in the Committee report will generate much debate, an important consideration is that Senators from both Parties have supported the need for more attention to men's health. This is a major step forward and suggests a move towards a more bipartisan approach to men's health. Developing a holistic approach to men's health not only requires acknowledging the links between biological, genetic, social and environmental factors, but also breaking down the silos that exist between and within Governments.



From the Director

Over the course of Andrology Australia's life-time, evidence continues to emerge about the strong links between male reproductive, mental and general health. These links are evident when considering the man in the diabetes clinic with unspoken concerns about erection problems, or the man with advanced prostate cancer who needs more support for his quality of life: these situations point to the need to treat the 'whole person' and not just the dominant condition.

Greater awareness of the need for a holistic and interdisciplinary approach to men's health is needed to ensure that men receive quality care and support.

With this in mind, it is with great pleasure that I announce that the Australian Government Department of Health and Ageing has again

agreed to support the Andrology Australia program for a further year, with a view to align continued funding to priorities identified during the development of the National Men's Health Policy. The support provided will enable the program to continue our education and awareness programs and to develop further collaborative opportunities across health sectors to implement more dynamic and innovative strategies. Andrology Australia is committed to further advancement and improvement in men's health and looks forward to the challenges that the next year and the National Men's Health Policy bring.

Professor Rob McLachlan

Community education

Recognising the health needs of men from CALD communities

The Andrology Australia MATEs¹ study found that reproductive health problems are common and that men from non-English speaking backgrounds were less likely to seek help for male-specific health disorders. This highlighted the need for men from culturally and linguistically diverse (CALD) backgrounds to have access to accurate health information for different language groups to ensure that men can make informed decisions about their health.

However, providing health information to men from CALD communities requires more than simple translation. This is particularly important for more personal and sensitive health issues such as male-specific health problems, where the need to be respectful of customs and cultural beliefs is even more important.

In 2005, Andrology Australia supported a project coordinated by NSW Multicultural Health Communication Service and

Family Planning NSW to develop and focus test men's health information. As a result, the User's guide: what every man needs to know' brochure is available in 12 different languages in fact sheet format via the Andrology Australia (www.andrologyaustralia.org) and NSW Multicultural Health Communication Service (www.mhcs.health.nsw.gov.au) websites.

Further to this project, Andrology Australia has continued its collaboration with the NSW Multicultural Health Communication Service to establish a broader reference committee of representatives from professional organisations representing a range of cultural and ethnic groups in Australia. The committee aims to identify priority education needs and the best approaches and formats for dissemination of male-specific health information to men and health professionals from CALD communities.

The Culturally and Linguistically Diverse (CALD) Reference Committee is comprised of experts working in the field including members from the NSW Multicultural Health Communication Service, Australian Multicultural Foundation, NSW Health, Ethnic Communities Council of Queensland (ECCQ) and the Federation of Ethnic Communities Councils of Australia (FECCA).

Andrology Australia thanks all the members of the recently formed committee in giving their time, expertise and input to help support men and health professionals from CALD communities.



¹ Holden CA et al. Men in Australia Telephone Survey (MATEs): a national survey of the reproductive health and concerns of middle-aged men. *Lancet* 2005; 218-24

Recent events

'The Healthy Male; A holistic approach to men's health' Andrology Australia Forum 2009

More than 120 Andrology Australia associates, key stakeholders and health professionals with an interest in men's health gathered in the Gold Coast, Queensland for a forum in mid June 2009 to advance men's health in Australia. The Andrology Australia Forum 2009 - 'The Healthy Male: a holistic approach to men's health' provided an overview of the latest developments and understanding in men's health including cross over issues for younger and older men, social factors and health behaviours, research and medical interventions.

The forum was opened by Professor David de Kretser AC, Governor of Victoria who noted that the forum theme of a holistic approach to men's health must also be reflected in the forthcoming men's health policy. "The National Men's Health Policy should encompass the biomedical, behavioural, genetic, environmental and social determinants of health; including the health of men throughout each life stage, beginning in utero. The Policy must cater not only for our current knowledge, but also be flexible to encompass future developments, emerging issues in health

care and thus deal with changes in health needs in the future, for men, their sons and their son's sons."

The forum was an opportunity for shared knowledge across a number of disciplines. Speakers identified strong themes with a need for interdisciplinary care including the capacity of male reproductive health problems to act as 'windows to other chronic disease' and further opportunities to engage men (including Aboriginal and Torres Strait Islander men) in men's health programs. Challenges in men's health particularly in reference to medical education, access (including for incarcerated men, and for adolescents) and preventative health were also explored.

Initial feedback on the forum and GP workshop has been very positive, with many participants highlighting



Governor David de Kretser AC speaks with health playwright Alan Hopgood, and a seminar at The Healthy Male Forum.



the opportunities the forum provides for networking and developing new collaborations with those working in different sectors of men's health.

Andrology Australia would like to thank the conference organisers (ASN Events), the sponsors and the speakers for their involvement and support, and all those who attended for their acknowledgement of the need to improve men's health in Australia.

Focus on: 'Windows of opportunity': a holistic approach to men's health

Author: Professor Rob McLachlan

What are the 'windows of opportunity' in male health?

There is increasing evidence that there are strong associations between erectile dysfunction and cardiovascular disease (including heart disease)¹ and diabetes² which suggest that there is a common relationship between men with reproductive problems and their experience of chronic disease. Such a relationship indicates that male reproductive health problems may co-exist with, or could be considered as clinical markers of, other co-morbid diseases and need to be considered as part of general health assessments in men.

Consequently, when a man presents with diabetes, discussion about erectile problems (which are common in many men with diabetes) may identify other issues where care and support may be appropriate. In addition, if a man presents with erectile problems, a thorough assessment of his health may identify an underlying more life-threatening health condition that needs attention (for example, high blood pressure).

The awareness of the relationships between general and reproductive health provides possible 'windows of opportunity' for a holistic approach to men's health that includes broader health discussions and assessments so that overall health and well-being can be maintained.

When health conditions, and the underlying causes and symptoms, are poorly understood by both the community and health professionals they can remain undiagnosed. As a result of this lack of diagnosis, men (and indeed their families) may miss out on effective treatments which could improve their quality of life and relationships, and ultimately their health in general.

What are the links between sexual health and heart disease?

Erectile dysfunction (ED) is still under-recognised as a significant and important early warning sign of cardiovascular disease. Studies suggest that the degree of risk for a cardiovascular event after developing ED is similar to the risk of being a current smoker or having a family history of heart attack. The failure of men to seek advice about ED means that they are missing a vital predictor of impending cardiovascular disease. Within a year of the first significant episode of ED 2 per cent of men will have a major stroke or heart attack, and within five years this rises to 11 per cent.³

By raising awareness of ED as an opportunity for early identification of more serious health conditions, this may help to motivate men to seek help and treatment options sooner. It has also been suggested that assessment of erectile function in middle-aged and older men may provide a useful indicator to detect, and potentially prevent other life-threatening conditions.⁴

What are the links between male reproductive health and diabetes?

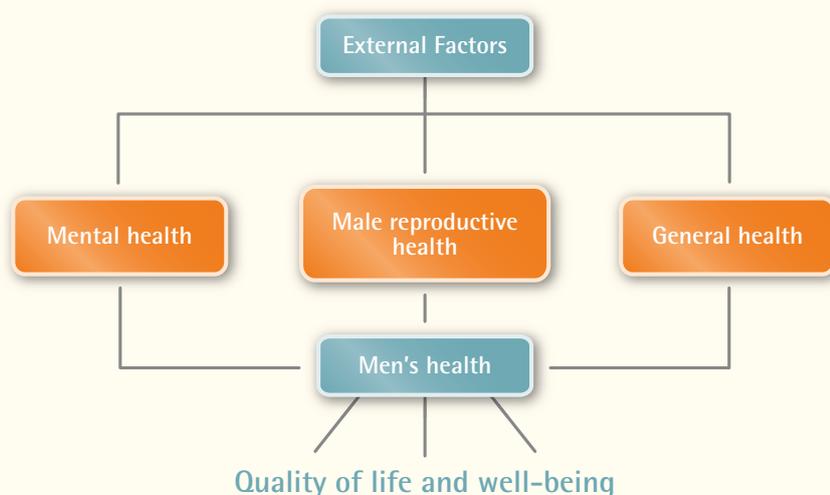
Research has shown that erectile problems such as ED can also be an early warning sign of diabetes. Of men clinically

diagnosed with diabetes, between 34 per cent and 89 per cent will experience erectile problems.^{5,6} Diabetes causes ED by damaging the blood vessels in the penis, which reduces blood flow and therefore makes it more difficult for a man to get and/or to keep an erection. This problem is also more common in men who also have high blood pressure and/or high cholesterol, and men who smoke. Erectile problems in men with diabetes can also be a result of damage to the nerves in the penis.

Testosterone deficiency is also common in men with diabetes, and about one in three men with type 2 diabetes will have low serum testosterone levels.⁷ Testosterone is the most important androgen (or male sex hormone) in men and plays a key role in reproductive and sexual function, but is also important for the good health of many non-reproductive tissues in the body. It plays an important role in the growth of bones and muscles and affects mood, sex drive and certain aspects of mental ability.

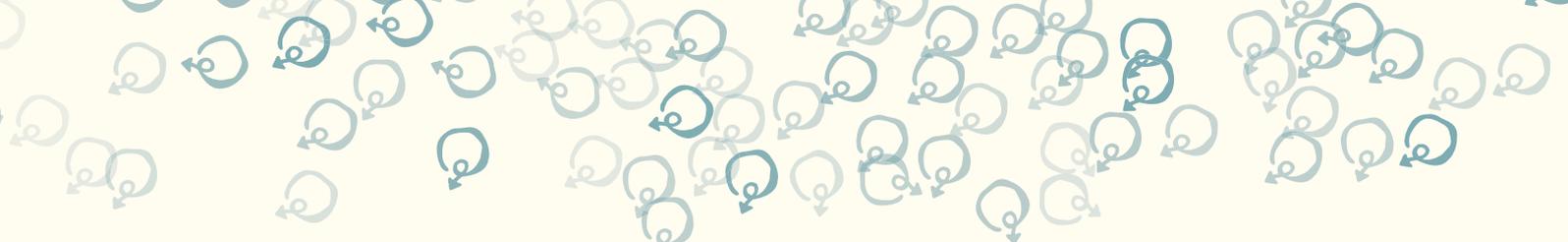
What are the links between male infertility and broader men's health conditions?

In about half of couples presenting for assisted reproductive treatment (ART), male infertility is either the single or a contributing factor. The development of new technologies, such as intracytoplasmic sperm injection (ICSI) allows fatherhood for previously sterile men and has led to a reduction in demand for donor insemination. Due to the success of this treatment, there is a risk that health professionals may think that consideration of the male partner is no longer needed. As a few motile sperm are all that is needed for ICSI, they may not undertake a thorough evaluation of the man's overall health.



The interaction of biomedical factors (mental, male reproductive and general health) and external environments on quality of life and well-being

However, assessment of the man's overall health is vital not only because fertility may occasionally be able to be restored, but importantly, it is likely that the man may have a health condition that will otherwise be overlooked and left untreated. When a man presents with infertility it provides an opportunity for health professionals to look



holistic approach to men's health

beyond the immediate fertility concern and to engage younger-middle aged men within the health care system.

Of those men who present more than once for infertility treatment, research has shown that 1 in 8 have evidence of androgen deficiency, which is usually the result of primary testicular disease. Klinefelter's Syndrome is also commonly diagnosed when these men seek fertility treatment: their semen test shows azoospermia (lack of sperm) and the physical examination (often for the first time in their adult life) shows very small testes.

A deficiency of gonadotrophin (pituitary hormone) is rare but is also a vital consideration as unrecognised pituitary tumours or infiltrative diseases (e.g. haemochromatosis) may also present with infertility and/or androgen deficiency. Infertility is also caused by the abuse of anabolic steroids for sporting or bodybuilding purposes.

An increased risk of testicular cancer in infertile men is also well recognised, especially in those with a history of undescended testis, making assessment by physical examination and ultrasound essential. Sexual dysfunction is also common due to physical problems and/or performance anxiety. Finally, there is some evidence that lifestyle choices (obesity, smoking, drug use) can also have an effect on fertility.

What are the links with psychological well-being?

Studies have demonstrated associations between reproductive health conditions and depression.⁸ Living with a reproductive health problem can often affect men psychologically as well as physically. Relationships can suffer, quality of life can be reduced and social aspects of the man's life can be affected.

It is important for men to be educated on how to cope with the distress associated with sexual and reproductive health problems, and how to use the social support systems that are available. In some instances, treatment and recovery may be delayed by failing to deal with the psychological element of the condition.

The psychological impact of male reproductive health conditions can have negative outcomes for both the men and their partners. An emotional response to an initial diagnosis or uncertainty about treatment is normal, and expert assistance to work through these feelings is recommended. Talking to a doctor or skilled counsellor about the emotional impact or relationship issues is an important part of treatment. Involving the partner in these discussions can also be helpful. Some men will also benefit from support groups as they find it helpful to talk with others experiencing similar problems.

How can these 'windows of opportunity' promote men's help-seeking?

By increasing men's understanding of the links between their reproductive health and their quality of life, the concept of 'preservation' of aspects of their reproductive health (for example sexual performance, fertility, relationship) may encourage some

men to seek help. Targeting reproductive health within the overall context of men's health and well-being has the potential to provide innovative 'windows of opportunity' to encourage men to become proactive in their health more broadly. It will also ensure that men are not missing out on affordable and effective treatments which improve overall quality of life and well-being.

Can education about the 'windows of opportunity' support help-seeking in men?

Improving community and professional awareness of the links between reproductive health and more serious health problems, and a man's quality of life, has the potential to create supportive environments in which men may be more likely to seek health advice. The availability of quality, unbiased and evidence-based information and resources is essential to improve men's understanding of health issues and to help them in any decision-making process, including the choice to seek help and forms of treatment. Such educational initiatives must be mindful to tailor activities and resources to men of different ages, racial, ethnic and/or socioeconomic backgrounds.

Similarly, it is important for the education of health professionals to incorporate simple strategies to promote the consideration of reproductive health conditions as part of overall men's health assessments; irrespective of men's age, culture or sexual desire. This assessment should incorporate identification of possible 'windows of opportunity' that will allow for early detection and prevention of other more life-threatening conditions.

Likewise, raising community awareness of the associations between chronic disease and reproductive health conditions, in addition to men's general health and well-being is essential to encourage men to speak to their doctor early.

For more information on the links of men's reproductive health to other health conditions, visit the Andrology Australia website www.andrologyaustralia.org or visit your doctor.

¹ Rosen RC et al. Epidemiology of erectile dysfunction: the role of medical co-morbidities and lifestyle factors. *Urol Clin North Am.* 2005; 32: 403 - 417

² Chu NV et al. Erectile dysfunction and diabetes. *Curr Diab Rep.* 2002; 2: 60 - 66

³ Thompson et al. Erectile Dysfunction and Subsequent Cardiovascular Disease *JAMA* 2005; 294: 2996 - 3002

⁴ Esposito K et al. Effect of lifestyle changes on erectile dysfunction in obese men: a randomized controlled trial. *JAMA* 2004; 291: 2978 - 2984

⁵ el-Rufai OE et al. Sexual dysfunction among type II diabetic men: a controlled study. *Journal of Psychosomatic Research* 1997; 43: 605 - 612

⁶ Fedele D et al. Erectile dysfunction in type 1 and type 2 diabetics in Italy. On behalf of Gruppo Italiano Studio Deficit Erettile nei Diabetici. *International Journal of Epidemiology* 2000; 29: 524 - 531

⁷ Dhindsa S et al. Frequent occurrence of hypogonadotropic hypogonadism in type 2 diabetes. *J Clin Endocrinol Metab* 2004; 89: 5462 - 5468

⁸ Araujo AB, Johannes CB, Feldman HA, Derby CA, McKinlay JB 2005. Relation between psychosocial risk factors and incident erectile dysfunction: prospective results from the Massachusetts Male Aging Study. *Am J Epidemiol* 2000; 152: 533 - 541

PSA testing as a population screening method for prostate cancer

There is much community and professional debate about PSA testing for prostate cancer, particularly with regard to its feasibility as a population-wide screening method.

To establish Andrology Australia's position in this debate, a consultation process of key stakeholders, in particular Andrology Australia's Affiliates including experts in the field of urology, has been undertaken. This process has resulted in the development of an 'Andrology Australia Statement on PSA Testing for Prostate Cancer' which is now available on the Andrology Australia website at www.andrologyaustralia.org.

Population-wide screening for prostate cancer using the current assessment tools of prostate specific antigen (PSA) testing and/or digital rectal examination (DRE)

cannot be recommended until the results of randomised controlled trials are complete.

Whilst PSA testing has the potential to benefit some men by diagnosing potentially curable early stage disease it can also be harmful to others due to the identification of slow growing cancers that may never have been clinically significant and invasive treatment that may therefore be unnecessary.

Recent changes in prostate cancer mortality rates are not readily explained, but it remains plausible that it may be due in part to testing, early diagnosis and treatment.

It is imperative that men requesting prostate cancer testing are appropriately counselled about their prostate cancer risk and the potential benefits, limitations and implications of PSA testing prior to being tested; and in doing so are supported by

their doctor to make an informed decision in line with their own personal values and preferences.

Men should be aware that there are both potential gains and risks from PSA testing and controversies about treatment options in prostate cancer. Decision-aids can be useful tools to help a man when making a decision about testing for prostate cancer.

A number of resources are now available to guide discussion of PSA testing with the patient including 'The Early Detection of Prostate Cancer in General Practice: Supporting Patient Choice' PSA decision card developed by the Cancer Council Queensland (2007); available to download from the Andrology Australia website at www.andrologyaustralia.org/docs/PSAdecisioncard20041007.pdf.

Upcoming events

Merv's Have a Crack Day, 11th December 2009

Since long before Bradman, men have been happier pondering cover drives and outside edges than thinking about their own health. Times, thankfully, are changing. Men still love cricket, and are now recognising that their bodies are susceptible to the occasional bouncer.

To raise awareness of men's health Merv Hughes, Ambassador of Andrology Australia, is calling men to action. Merv's own awareness day will raise funds to be used to provide continuing community men's health promotional activities.

Merv's 'Have A Crack Day' will take place on the 11th December 2009 and will become a coveted fixture on Melbourne's event calendar. The event offers a chance to celebrate the love of cricket in a unique atmosphere, while also raising awareness and contributing to the Andrology Australia cause; that is committed to educating and informing health professionals and the community on male reproductive health and associated conditions.

The event invites 16 teams to compete in a modified Super 8s format alongside Merv Hughes and a host of sporting and entertainment identities, such as Damien Fleming, David Boon and Rodney Hogg, in a carnival-style afternoon of cricketing fun in the beautiful setting of Xavier College (Melbourne, Victoria).

Every team will boast a legend, but winning won't be the order of the day. While men's health is a serious business, the event is all about 'Having A Crack' and raising awareness of men's health. It will be an unforgettable afternoon filled with music, entertainment and colour, and is all about taking part, regardless of ability with bat or ball.

The event was launched on the 3rd June 2009 by Governor Professor David de



Merv, former Australian teammate Damien Fleming, emerging Aussie all-rounder the Ashes bound Andrew McDonald and notable sports writer Greg Baum at The Merv's Have a Crack Day launch.

Kretser AC and Merv Hughes at the MCG and received a welcomed reception with coverage in the media and a number of teams having since registered.

The unique opportunity to register a team for the event and enquire about sponsorship opportunities is now available. For more information on the day or to register a team, visit the Merv's Have a Crack Day website at www.mervshaveacrackday.com.au.

In brief

Damian Callinan promoting Andrology Australia in Spaznuts

Comedian Damian Callinan tackles the taboo area of infertility in his long running hilarious and provocative show about infertility named 'Spaznuts'. The show is a biographical look at the journey of Damian's own experience of infertility and the condition he calls 'spaznuts'.

Damian is performing the show throughout 2009 and organised performances in regional arts centres to coincide with International Men's Health Week 2009. As part of the shows, Damian promoted Andrology Australia to raise awareness of the program's men's health resources on infertility and other men's reproductive health conditions.

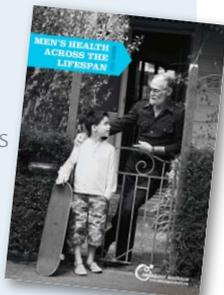
For further information on Damian and the 'Spaznuts' show, visit www.damiancallinan.com.au

The National Men's Health Gathering 2009: 6th - 9th October, Newcastle NSW

You are invited to share knowledge, skills and practice in the area of men's health and well-being by attending this year's National Men's Health Gathering 2009 which will consist of three events; The 5th National Aboriginal & Torres Strait Islander Male Health Convention Oct 6th - 7th, the 8th National Men's Health Conference Oct 7th - 9th and the 4th National Men & Family Relationships Forum Oct 8th - 9th. For more information on the gathering and to register for the event, please visit www.workingwithmen.org.au

Andrology Australia annual report 2008

The Andrology Australia annual report is themed on 'Men's health across the life span' and provides an overview of the goals and structure of the program, as well as major achievements of the program in the past year. To download the report, visit www.andrologyaustralia.org and click on 'publications'.



Latest news

Herbal therapy for prostate disease

Results of a recently updated Cochrane review¹ have shown that the herbal medicine *Serenoa repens* (Saw Palmetto) provides no improvement in urinary symptoms and peak urine flow for men with benign prostatic hyperplasia.

What the review tells us:

An enlarged prostate gland, benign prostatic hyperplasia (BPH), can interfere with urination, increasing frequency and urge of urinating, or cause problems emptying the bladder. Surgery and drugs are often used to try to treat BPH. However, using herbal medicines in an attempt to relieve BPH symptoms is common. *Serenoa repens* (Saw Palmetto) is an extremely popular herbal medicine for BPH. The review found that *Serenoa repens* was well tolerated, but was no better than placebo in improving urinary symptom scores. Nor did *Serenoa repens* provide noticeable relief (generally considered to be a decrease of 3 points) of urinary symptoms.

The authors of the review note that many earlier studies are of poor study design (for example short follow-up periods) and more well-designed studies are still needed to confirm or deny the findings from the most recent review.

What else you need to know:

Many people in Australia use alternative therapies for a variety of health problems. While most people using alternative therapies believe they are of some benefit, the herbal therapies are not rigorously tested as drug therapies are, and so their effectiveness to treat a condition is often unknown.

It is important that patients seek their doctor's advice when considering using alternative therapies for treatment of specific health problems.

As natural therapies are made from plant extracts such as seeds, bark and fruit, it is often believed that these products are safe because they are natural. However this has not been proven.

¹Summary of the review reproduced from Tacklind J, MacDonald R, Rutks I, Wilt TJ. *Serenoa repens* for benign prostatic hyperplasia. Cochrane Database of Systematic Reviews 2009, Issue 2, Art. No: CD001423. DOI: 10.1002/14651858.CD001423.pub2. (www.thecochranelibrary.com)

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